

JUL 23 1997

INDUSTRIAL DISCHARGE PERMIT REPORTING FORM

Milbank Manufacturing Company
P.O. Box 754
1400 E. Havens
Kokomo, IN 46903-0754

PLEASE COMPLETE AND
SUBMIT THIS FORM BY NO
LATER THAN THE 28th
DAY OF THE FOLLOWING
MONTH TO:

PRETREATMENT ADM.
KOKOMO WWTP
1501 W. MARKLAND AVE
KOKOMO, IN 46901

0 1 9
PERMIT #

0 0 1
OUTFALL #

0 6 9 7
MO YR

EFFLUENT CHARACTERISTICS	pH	Cr	Zn	HexCr	CN	TTO
SAMPLE TYPE	Grab	24 Hour	24 Hour	Grab	24 Hour	Grab
FREQUENCY	2xYear	2xYear	2xYear	2xYear	2xYear	2xYear
EFFLUENT LIMITATIONS:	6	2.23	2.10	0.50	0.70	1.72
WEEKLY/MONTHLY	10	1.38	1.19	N/A	0.52	N/A
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	mg/l
DATE OF SAMPLE						
06/18/97		0.025	4.600			
06/19/97	8.7			<0.010	<0.005	0.005
MONTHLY AVERAGE		0.025	4.600	<0.010	<0.005	0.005
MAXIMUM VALUE	8.7	0.025	4.600	<0.010	<0.005	0.005
MINIMUM VALUE	8.7	0.025	4.600	<0.010	<0.005	0.005
FLOW (GALLONS PER DAY)	20,750					

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Agent

Date

MIL0005041